

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030443

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

336

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson City, Mo

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo b. COUNTY Cole

c. CITY OR TOWN Jefferson City, Mo.

Inside Limits
☒ Yes ☐ Noc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 607 W. Mc CartyInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
607 W. Mc CartyReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Clark Champ Rice4. DATE OF DEATH
Month Day Year
Aug. 26, 19625. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/24/959. AGE (last birthday)
67IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Callaway Co. Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Rice

13b. MOTHER'S MAIDEN NAME

Susan Bryant

14. NAME OF HUSBAND OR WIFE

Nell Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Address

Mrs. Nell Rice J.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Phlebotomy

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

many dead on arrival at Hospital

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Man was found lying on bath room floor-apparently dead-taken by

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ambulance to St. Mary's Hospital-20c. TIME OF INJURY
Hour Month, Day, Year
Abt 6 AM Aug 26 6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
607 W. McCarty-Home20f. CITY, TOWN, OR LOCATION
Jefferson City,COUNTY STATE
Cole Missouri21. I attended the deceased from _____, to _____ and last saw him alive on 26 August 1962
Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Norace O. Debo Coroner

22b. ADDRESS

211 Monroe St. J.C. Mo. 8-27-62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
8/28/6223c. NAME OF CEMETERY OR CREMATORY
Resurrection23d. LOCATION (City, town, or county) (State)
Jefferson City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Dulle Funeral Home J.C. Mo.

25. DATE RECD. BY LOCAL REG.

29 August 1962

26. REGISTRAR'S SIGNATURE

R. D. Richter Dep.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS SEP 7 1982

6-9068
6-3815

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James E. Eynard

Licensed Embalmer No.

4978

P. O. Address

Jeff City mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.